IDAHO COOPERATOR CERTIFICATION FORM (ICCF)

- A. The equipment listed on the Idaho ICCF meets all of the minimum requirements found in the Idaho Fire Service Organization Rate Book (FSO Rate Book) for use and operation of the equipment type identified.
- B. Failure to accurately classify the equipment type as described in the FSO Rate Book shall result in a downgrade of typing and a reduction in rate to the type level the equipment meets as set forth in the FSO Rate Book. Failure of the equipment described herein to meet all FSO Rate Book requirements, or to provide the qualified personnel or equipment within 24 hours, will be cause for release and return to point of hire in pay status.
- C. It is agreed that the hiring entity may inspect the listed equipment and the appropriate training records. These inspections may be done preseason and/or at the incident during fire season.
- D. A copy of this certification shall be provided to the Finance Section Chief, or their designated representative, immediately upon arrival at an incident. When the Idaho Cooperator Certification Form (ICCF) has been completed, no other agreement (or EERA) is necessary.
- E. The individuals listed on the Idaho Cooperator Certification Form Resources, Appendix 1 (Page 2 of 8), meet all of the requirements for the position(s) listed in accordance with National Wildfire Coordinating Group (NWCG), National Incident Management System Wildland Fire Qualifications System Guide, PMS 310-1, or NFPA Equivalency, and Idaho EMS License. Operators must possess a valid Driver's License and have the knowledge, skills, and abilities to operate the type and class of equipment listed herein.

I certify that the equipment and personnel listed herein meet the minimum resource typing standards as shown in the Idaho Fire Service Organization Rate Book. I hereby certify that I am authorized to sign this Idaho Cooperator Certification Form.

Chief (Signature)

Date

Fire Chief Name (Printed)

Idaho Cooperator Certification Form (ICCF) Resources

Name

Qualification(s)/Licenses (NWCG/NFPA/EMS)

	(IMACQUALLA/EMI2)			
LANCE CARBONE	DIVS, ICT3, OPBD, OSC2, PSC1			
	PSCA, STCR, STEN, TELD			
	근문에 본 글 이 글 (이상) 그리			

IDAHO COOPERATOR CERTIFICATION FORM (ICCF)
When the Idaho Cooperator Certification Form (ICCF) has been completed,
no other agreement (or EERA) is necessary.

			,		
a. Name and Address:	IDL Area/District/Association b. Agreement No.: Name and Address:				2. EFFECTIVE DATES OF CERTIFICATION
Idaho Department of Lands Southwest Idaho Fire Protection District	IDL-610-16-03				
8355 W. State St.	c. Phone: 208 334-3488				a. Beginning: 7/1/2016 b. Ending: 12/31/2017
Boise, ID 83714	d. F	AX: 208 853	3-6372		or analysis to the state of the
3. FIRE DEPARTMENT a. Name and Address:	b. E-	mail Address		·	4. ORDERING DISPATCH CENTER
Boise Fire Department 333 N. Mark Stall PL					BDC
Boise ID 83704	c. P	hone (Day):	208 570-6500		
		hone (Night):			
		ell Phone: AX:			
5. THE FOLLOWING EQUIPMENT IS BEING PROV		na.	<u></u>	É OBERAT	ING SUPPLIES
☐ Fully Operated (Includes Personnel & Equipment) ☑ Unoperated (Personnel Costs Billed Seperately)	Fully Operated (Includes Personnel & Equipment)			Provided b	
TEM DESCRIPTION - Provide: Make, Model, Year, VIN, License Plate No., and List NWCG Equipment Type			8. HRLY/DAILY/M BASIS	ILEAGE/SHIFT	9. SPECIAL
Description	Туре	Minimum Staff	Rate	Unit	9. SPECIAL
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Lic# F2719	Vehicle		455.55	Duy	,
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Appendix 1 - Idaho Cooperator Certification Form

Description	Туре	Minimum Staff	Rate	Unit	Special
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	14 SIGNATURE OF FIRE SHIEF OR AUTHORIZED AGENT	12. SIGNATURE OF FIRE WARDEN OR AUTHORIZED AGENT
	13. PRINTENAME AND TITLE	Casper C. Urbanck III
	Dennis Doan Five Chief 7/29/2016	15 PRINT NAME AND TITLE 26. DATE 29 July 2016
		- Tany avia